6P 1642 #

Atty. Dkt. No. 038602/0391

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Gregory D. PLOWMAN, et al.

Title:

Diagnosis And Treatment Of Alk-7 Related Disorders

RECEIVED

MAR 1 9 2002 TECH CENTER 1600/2900

Appl. No.:

09/069,228

Filing Date:

**April 27, 1998** 

Examiner:

A. Holleran

Unit:

1642

imissioner for Patents Vashington, D.C. 20231

## AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- The fee required for additional claims is calculated below: [X]

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	28		40	=	0	х	\$18.00	=	\$0.00
Independents:	6		10	_	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
C						AIMS I	FEE TOTAL:	=	\$0.00

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total [X] number of months checked below:

Theloatt Reg. No. 34, 485

[]	Extension for response filed within the first month:	\$110.00	\$0.00
[X]	Extension for response filed within the second month:	\$400.00	\$400.00
[]	Extension for response filed within the third month:	\$920.00	\$0.00
[]	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
[]	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENS	SION FEE TOTAL:	\$400.00
	CLAIMS AND EXTENS	SION FEE TOTAL:	\$400.00
[]	Small Entity Fees Apply (su	ıbtract ½ of above):	\$0.00
		TOTAL FEE:	\$400.00

- Please charge Deposit Account No. 19-0741 in the amount of \$400.00. A duplicate copy of this transmittal is enclosed.
- [X] A check in the amount of \$400.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Beth A. Burrous

Attorney for Applicant

Registration No. 35,087

Date March 11, 2002

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